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(12) **United States Patent**  
**Hunter et al.**(10) **Patent No.:** **US 6,447,550 B1**  
(45) **Date of Patent:** **Sep. 10, 2002**(54) **METHOD OF SURFACE OXIDIZING  
ZIRCONIUM ALLOYS AND RESULTING  
PRODUCT**(75) **Inventors:** **Gordon Hunter**, Germantown, TN  
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(US)(\*) **Notice:** Subject to any disclaimer, the term of this  
patent is extended or adjusted under 35  
U.S.C. 154(b) by 0 days.(21) **Appl. No.:** **09/381,217**(22) **PCT Filed:** **Mar. 27, 1998**(86) **PCT No.:** **PCT/US98/06059**§ 371 (c)(1),  
(2), (4) **Date:** **Nov. 24, 1999**(87) **PCT Pub. No.:** **WO98/42390****PCT Pub. Date:** **Oct. 1, 1998**(51) **Int. Cl.<sup>7</sup>** ..... **A61F 2/32; A61F 2/28;**  
**A61F 2/04**(52) **U.S. Cl.** ..... **623/22.15; 623/23.5; 623/23.53;**  
**623/23.55; 623/23.71**(58) **Field of Search** ..... **623/22.15, 23.36,**  
**623/23.5, 23.51, 23.55, 23.71, 23.53; 427/2.27**(56) **References Cited****U.S. PATENT DOCUMENTS**

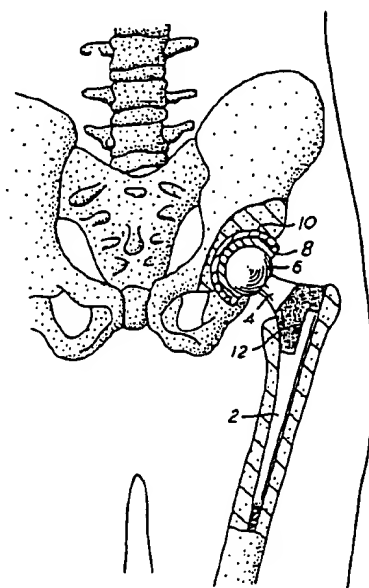
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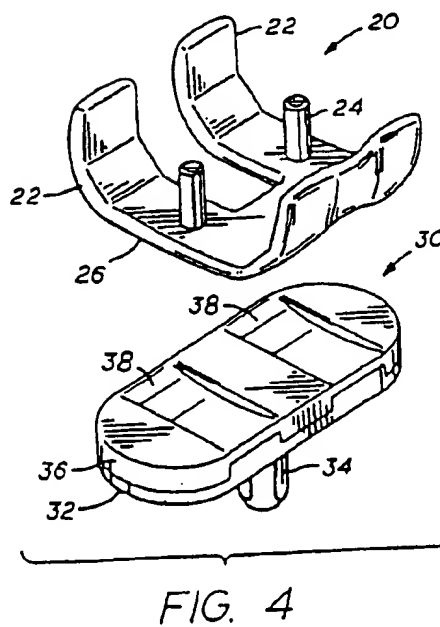
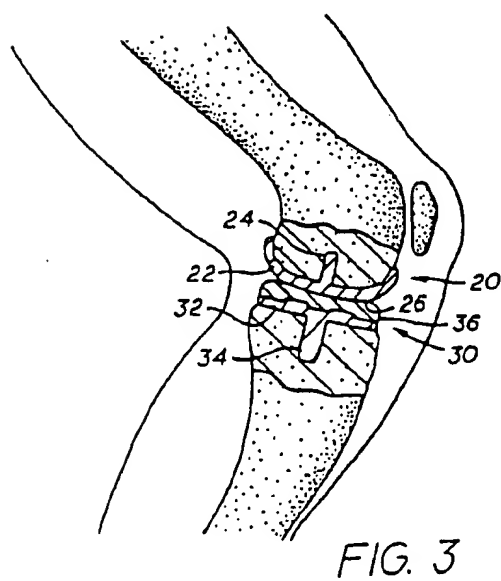
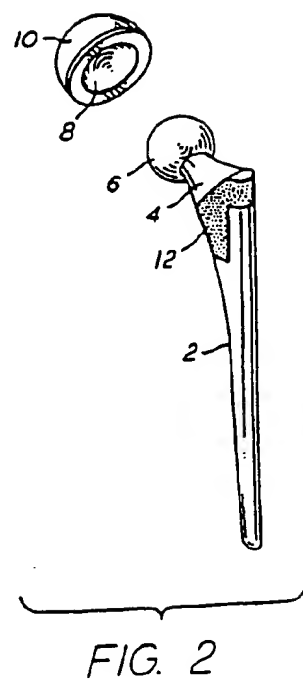
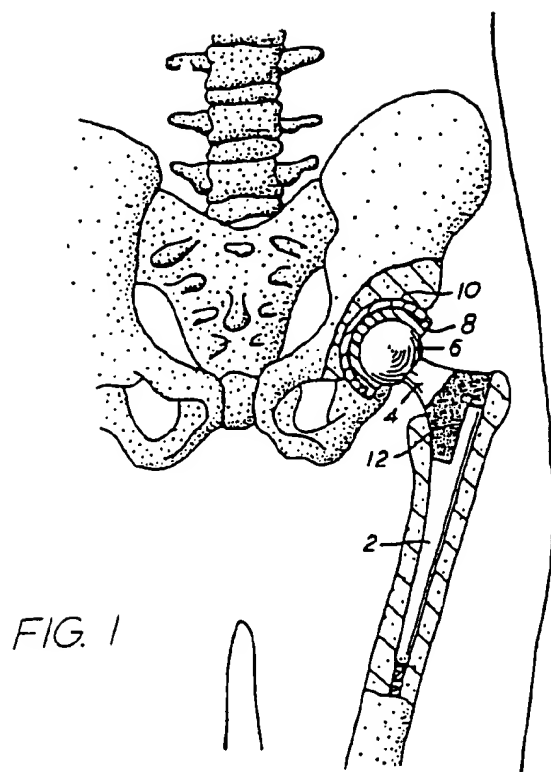
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An oxide coating is formed on zirconium or zirconium alloys of refined microstructure by a process comprising at least the step of inducing an appropriate altered surface roughness such that subsequent oxidation results in a uniformly thick oxide coating. An oxide coating of uniform and controlled thickness is especially useful on orthopedic implants of zirconium or zirconium-based alloys to provide low friction, highly wear resistant surfaces on artificial joints, such as hip joints, knee joints, elbows, etc. The uniformly thick oxide coating of controlled depth on oxide coated prostheses provides a barrier against implant corrosion caused by ionization of the metal prosthesis.

**34 Claims, 1 Drawing Sheet**



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## METHOD OF SURFACE OXIDIZING ZIRCONIUM ALLOYS AND RESULTING PRODUCT

This application claims priority to international applica- 5  
tion PCT/US98/06059, filed Mar. 27, 1998 and to U.S.  
provisional application No. 60/042,364, filed Mar. 27, 1997.

This invention relates to metallic orthopedic implants  
with load bearing surfaces coated with a thin, dense, low  
friction, highly wear-resistant, uniformly thick coating of  
zirconium oxide.

The invention also relates to uniformly thick zirconium  
oxide coatings on the non-load bearing surfaces of an  
orthopedic implant where the zirconium oxide provides a  
barrier between the metallic prosthesis and body tissue  
thereby preventing the release of metal ions and corrosion of  
the implant.

The invention also relates to a method of producing a  
uniformly thick oxide coating on zirconium or a zirconium  
alloy by controlling the surface roughness of the zirconium  
or zirconium alloy having a refined microstructure prior to  
formation of the oxide coating.

The excellent corrosion resistance of zirconium has been  
known for many years. Zirconium displays excellent corro- 25  
sion resistance in many aqueous and non-aqueous media and  
for this reason has seen an increased use in the chemical  
process industry and in medical applications. A limitation to  
the wider application of zirconium in these areas is its  
relatively low resistance to abrasion and its tendency to gall.  
This relatively low resistance to abrasion and the tendency  
to gall is also demonstrated in zirconium alloys.

Orthopedic implant materials must combine high  
strength, corrosion resistance and tissue compatibility. The  
longevity of the implant is of prime importance especially if  
the recipient of the implant is relatively young because it is  
desirable that the implant function for the complete lifetime 35  
of a patient. Because certain metal alloys have the required  
mechanical strength and biocompatibility, they are ideal  
candidates for the fabrication of prostheses. These alloys  
include 316L stainless steel, chrome-cobalt-molybdenum  
alloys and, more recently, titanium alloys which have proven  
to be the most suitable materials for the fabrication of  
load-bearing prostheses.

One of the variables affecting the longevity of load-  
bearing implants, such as hip joint implants, is the rate of  
wear of the articulating surfaces and long-term effects of the  
metal ion release. A typical hip joint prosthesis includes a  
stem, a femoral head and an acetabular cup against which  
the femoral head articulates. Wear of either or both of the  
articulating surfaces results in an increasing level of wear  
particulates and "play" between the femoral head and the  
cup against which it articulates. Wear debris can contribute  
to adverse tissue rejection leading to bone resorption, and  
ultimately the joint must be replaced.

The rate of wear is dependent upon a number of factors  
which include the relative hardness and surface finish of the  
material which constitute the femoral head and the acetabu- 55  
lar cup, the frictional coefficient between the materials of the  
cup and head, the load applied and the stresses generated at  
the articulating surface. The most common material combina-  
tions currently used in fabrication of hip joints implants  
include femoral heads of cobalt or titanium alloys articulat- 60  
ing against acetabular cups lined with organic polymers or  
composites of such polymers including, e.g., ultra high  
molecular weight polyethylene (UHMWPE), and femoral  
heads of polished alumina in combination with acetabular  
cups lined with an organic polymer or composite or cups  
made of polished alumina.

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Of the factors that influence the rate of wear of conven-  
tional hip-joint implants, the most significant are patient  
weight and activity level. Additionally, heat which is gen-  
erated by friction in the normal use of the implant as, for  
instance, in walking has been shown to cause accelerated  
creep and wear of the polyethylene cup. Furthermore, there  
is a correlation between the frictional moment which trans-  
fers torque loading to the cup and the frictional coefficient  
between the femoral head and the surface of the acetabular  
cup against which the head articulates. Cup torque has been  
associated with cup loosening. Thus, in general, the higher  
the coefficient of friction for a given load, the higher the  
level of torque generated. Ceramic bearing surfaces have  
been shown to produce significantly lower levels of fric-  
tional torque.

It is also noteworthy that two of the three commonly used  
hip-joint systems as indicated above include a metallic  
femoral head articulating against a UHMWPE liner inside  
the acetabular cup. UHMWPE, being a polymeric material,  
is more susceptible to creep when heated than the commonly  
used metal alloys or ceramics and is consequently more  
susceptible to wear than the alloys or ceramics.

It has also been found that metal prostheses are not  
completely inert in the body. Body fluids act upon the metals  
causing them to slowly corrode by an ionizing process that  
thereby releases metal ions into the body. Metal ion release  
from the prosthesis is also related to the rate of wear of load  
bearing surfaces because the passive oxide film, which is  
formed on the surface, is constantly removed. The repassiva- 30  
tion process constantly releases metal ions during the  
ionizing process. Furthermore, the presence of third-body  
wear (cement or bone debris) accelerates this process and  
microfretted metal particles increase friction. Consequently,  
the UHMWPE liner inside the acetabular cup, against which  
the femoral head articulates, is subjected to accelerated  
levels of creep, wear and torque.

U.S. Pat. No. 415,764 to Suzuki, et al. recognizes that  
while metal prostheses have excellent mechanical strength  
they tend to corrode in the body by ionization. Suzuki, et al.  
also recognized the affinity between ceramics and bone  
tissue but noted that ceramic prostheses are weak on impact  
resistance. Suzuki et al. therefore proposed metal prosthesis  
plasma sprayed with a bonding agent which is in turn  
covered with a porous cement coating which will allow the  
ingrowth of bone spicules into the pores. This combination,  
it was said, would provide both the mechanical strength of  
metals and the bio-compatibility of ceramics.

The Suzuki patent did not address the issue of friction or  
wear of orthopedic implant bearing surfaces but confined  
itself to the single issue of the biocompatibility of metal  
prostheses. Furthermore, Suzuki et al. did not address the  
issue of dimensional changes that occur when applying a  
coating or the effect of these dimensional changes in the  
tightness of fit between the surfaces of an articulating joint  
prosthesis.

In addition, the application of ceramic coating to metal  
substrates often results in non-uniform, poorly adhering  
coatings which tend to crack due to the differences in elastic  
modulus or thermal expansion between the ceramic and  
underlying metal substrate. Further, or, such coatings tend to  
be relatively thick (50-300 microns) and since the bond  
between the metal and the ceramic coating is often weak,  
there is the risk of galling or separation of ceramic coatings.

Previous attempts have been made to produce zirconium  
oxide coatings on zirconium pans for the purpose of increas-  
ing their abrasion resistance. One such process is disclosed  
in U.S. Pat. No. 3,615,885 to Watson which discloses a

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procedure for developing thick (up to 0.23 mm) oxide layers on Zircaloy 2 and Zircaloy 4. However, this procedure results in significant dimensional changes especially for parts having a thickness below about 5 mm, and the oxide film produced does not exhibit especially high abrasion resistance.

U.S. Pat. No. 2,987,352 to Watson discloses a method of producing a blue-black oxide coating on zirconium alloy parts for the purpose of increasing their abrasion resistance. Both U.S. Pat. No. 2,987,352 and U.S. Pat. No. 3,615,885 produce a zirconium dioxide coating on zirconium alloy by means of air oxidation. U.S. Pat. No. 3,615,885 continues the air oxidation long enough to produce a beige coating of greater thickness than the blue-black coating of U.S. Pat. No. 2,987,352. This beige coating does not have the water resistance of the blue-black coating and is thus not applicable to many parts where there are two work faces in close proximity. The beige coating wears down more quickly than the blue-black oxide coating with the resulting formation of zirconium oxide particles and the loss of the integrity of the zirconium oxide surface. With the loss of the oxide surface the zirconium metal is then exposed to its environment and can lead to transport of zirconium ions away from the surface of the metal into the adjacent environment.

The blue-black oxide coatings have a thickness which is less than that of the beige coating although the hardness of the blue-black coating is higher than that of the beige coating. This harder blue-black oxide coating lends itself better to surfaces such as prosthetic devices. Although the blue-black coating is more abrasion resistant than the beige coating it is a relatively thin coating. It is therefore desirable to produce the blue-black coatings of increased abrasion resistance without producing the same type coatings of the prior art.

U.S. Pat. No. 5,037,438 to Davidson discloses a method of producing zirconium alloy prostheses with a zirconium oxide surface. U.S. Pat. No. 2,987,352 to Watson discloses a method of producing zirconium bearings with a zirconium oxide surface. The oxide coating produced is not always uniform in thickness and the non-uniformity reduces the integrity of the bonding between the zirconium alloy and the oxide layer and the integrity of the bonding with the oxide layer.

There exists a need for a method to produce oxide coatings form thickness on zirconium alloys. There exists a need for a metal alloy based orthopedic implant having low friction and highly wear resistant load bearing surfaces that can be implanted for the lifetime of the recipient. There also exists a need for a metal alloy based orthopedic implant that is not prone to corrosion by the action of the body fluids and is biocompatible and stable over the lifetime of the recipient.

The invention provides a method for forming a uniformly thick oxide coating on zirconium or a zirconium alloy, each having a refined microstructure, by inducing an altered surface roughness on the zirconium or zirconium alloy, prior to oxidizing the zirconium or zirconium alloy to form a blue-black zirconium oxide coating of uniform and controlled thickness. The invention also provides a method for forming a uniformly thick oxide coating on a zirconium or zirconium alloy prosthesis, for implantation in a patient, by inducing an altered surface roughness on at least a portion of the zirconium or zirconium alloy prosthesis, wherein the zirconium or zirconium oxide has a refined microstructure, prior to oxidizing the prosthesis to form a blue-black zirconium oxide coating of uniform and controlled thickness on at least a portion of the surface of the prosthesis.

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FIG. 1 is a schematic diagram depicting a hip joint prosthesis in position.

FIG. 2 is a schematic diagram showing a typical hip joint prosthesis.

FIG. 3 is a schematic diagram of a knee joint prosthesis in place.

FIG. 4 is a schematic diagram of the parts of a typical knee joint.

One aspect of the present invention is to provide a method for forming an oxide coating of uniform thickness on zirconium or a zirconium alloy, the zirconium or zirconium alloy each having a refined microstructure and an altered surface roughness. Another aspect of the present invention is to provide a low friction, wear resistant oxide coating of uniform thickness on prosthesis surfaces, such as articulating surfaces and irregular surface structures adapted to accommodate tissue ingrowth on a portion of the prosthesis body.

The here-claimed method of forming an oxide coating of uniform thickness by inducing an altered surface roughness on zirconium or a zirconium alloy, each having a refined microstructure, prior to oxidizing the zirconium or zirconium alloy is applicable to various prosthetic parts and devices. These prosthetic parts and devices include, but are not limited to, cardiovascular implants including heart valves, total artificial heart implants, ventricular assist devices, vascular grafts and stents; electrical signal carrying devices such as pacemaker and neurological leads, and defibrillator leads; guide wires and catheters; percutaneous devices; and joint prostheses including hip joints or surface replacements, knee joints, shoulder joints, elbows, endoprotheses, spinal segments, and fingers. Illustrative examples of such articulating surfaces are shown in the schematic diagrams, FIGS. 1-4.

A typical hip joint assembly is shown in situ in FIG. 1. The hip joint stem 2 fits into the femur while the femoral head 6 of the prosthesis fits into and articulates against the inner lining 8 of an acetabular cup 10 which in turn is affixed to the pelvis as shown in FIG. 1. A porous metal bead or wire mesh coating 12 may be incorporated to allow stabilization of the implant by ingrowth of surrounding tissue into the porous coating. Similarly, such a porous metal bead or wire mesh coating can also be applied to the acetabular component. The femoral head 6 may be an integral part of the hip joint stem 2 or may be a separate component mounted upon a conical taper at the end of the neck 4 of the hip joint prosthesis. This allows the fabrication of a prosthesis having a metallic stem and neck but a femoral head of some other material, such as ceramic. This method of construction is often desirable because ceramics have been found to generate less frictional torque and wear when articulating against the UHMWPE lining of an acetabular cup. Additionally, zirconia ceramic has been shown to produce less wear of the UHMPE than alumina. Regardless of the materials, however, the femoral head articulates against the inner surface of the acetabular cup thereby causing wear and, in the long term, this may necessitate prosthesis replacement. This is especially the case where the femoral head is of metal and the acetabular cup is lined with an organic polymer or composite thereof. While these polymeric surfaces provide good, relatively low friction surfaces and are biocompatible, they are subject to wear and accelerated creep due to the frictional heat and torque to which they are subjected during ordinary use.

A typical knee joint prosthesis is shown in situ in FIG. 3. The knee joint includes a femoral component 20 and a tibial component 30. The femoral component includes condyles

22 which provide the articulating surface of the femoral component and pegs 24 for affixing the femoral component to the femur. The tibial component 30 includes a tibial base 32 with a peg 34 for mounting the tibial base onto the tibia. A tibial platform 36 is mounted atop the tibial base 32 and is supplied with grooves 38 similar to the shape of the condyles 22. The bottom surfaces of the condyles 26 contact the tibial platform's grooves 38 so that the condyles articulate within these grooves against the tibial platform. While condyles are typically fabricated of metals, the tibial platform may be made from an organic polymer or a polymer-based composite. Thus, the hard metallic condyle surfaces 26 would articulate against a relatively softer organic composition. This may result in wear of the organic material, i.e. the tibial platform, necessitating the replacement of the prosthesis. As in the case of the hip joint, porous bead or wire mesh coatings can also be applied to either the tibial or femoral components of the knee or both.

The invention provides uniformly thick zirconium oxide coated orthopedic implants or prostheses fabricated of zirconium or zirconium containing metal alloys or a thin coating of zirconium or zirconium alloy on conventional orthopedic implant materials. In order to form continuous and useful zirconium oxide coatings of uniform thickness over the desired surface of the metal alloy prosthesis substrate, the metal alloy should contain from about 80 to about 100 wt % zirconium, preferably from about 95 to about 100 wt %. Oxygen, niobium, and titanium include common alloying elements in the alloy which include often the presence of hafnium. Yttrium may also be alloyed with the zirconium to enhance the formation of a tougher, yttria-stabilized zirconium oxide coating during the oxidation of the alloy. While such zirconium containing alloys may be custom formulated by conventional methods known in the art of metallurgy, a number of suitable alloys are commercially available. These commercial alloys include among others ZIRCADYNE 705, ZIRCADYNE 702 and Zircalloy.

The base zirconium containing metal alloys are fabricated by conventional methods to the shape and size desired to obtain a prosthesis substrate. The shaped zirconium or zirconium alloy must have a refined microstructure such as might be produced by hot forge conversion of ingot to wrought barstock Zirconium or a zirconium alloy with a grain size of less than ASTM micro-grain size number 10 would exemplify an acceptable degree of refined microstructure. One method of determining if a refined microstructure is present in the zirconium or zirconium alloy is to examine the material in transverse section to examine the secondary phase ( $\beta$ ) which should have grains of not larger than about 2 microns wide and with not more than about a 3 micron separation; preferably 1 micron wide and a 2 micron separation. Production of such a fine dispersion of multiple phase grains is not limited to hot forging of barstock and can be accomplished by other processes including, but not limited to, closed die forging, rapid solidification and powder consolidation.

The substrate zirconium or zirconium alloy is then subjected to an abrasive surface preparation process that includes, but is not limited to, grinding, buffing, mass finishing and vibratory finishing. The abrasive surface preparation process is used to induce an altered surface roughness ( $R_a$ ) of from about 3 microinches to about 25 microinches. The appropriate altered surface roughness is induced by altering the pre-existing surface roughness to an altered surface roughness of such a magnitude as alloy, each having a refined microstructure and an appropriately altered surface roughness, is subjected to an oxidation process.

The substrate is then subjected to process conditions which cause the natural (in situ) formation of a tightly adhered, diffusion-bonded coating of uniformly thick zirconium oxide on its surface. The process conditions include, for instance, air, steam, or water oxidation or oxidation in a salt bath. These processes ideally provide a thin, hard, dense, blue-black or black, low-friction wear-resistant uniformly thick zirconium oxide film or coating of thicknesses typically on the order of several microns on the surface of the prosthesis substrate. Below this coating, diffused oxygen from the oxidation process increases the hardness and strength of the underlying substrate metal.

The air, steam and water oxidation processes are described in now-expired U.S. Pat. No. 2,987,352 to Watson, the teachings of which are incorporated by reference as though fully set forth. The oxidation process applied to zirconium or a zirconium alloy, each having a refined microstructure and an appropriate degree of altered surface roughness, provides a firmly adherent black or blue-black layer of uniformly thick zirconium oxide of highly oriented monoclinic crystalline form. If the oxidation is continued to excess, the coating will whiten and separate from the metal substrate. For convenience, the metal prosthesis substrate may be placed in a furnace having an oxygen-containing atmosphere (such as air) and typically heated at 900°–1300° F. for up to about 6 hours. However, other combinations of temperature and time are possible. When higher temperatures are employed, the oxidation time should be reduced to avoid the formation of the white oxide.

One of the salt-bath methods that can be used to apply the zirconium oxide coatings to the metal alloy prosthesis, is the method of U.S. Pat. No. 4,671,824 to Haygarth, the teachings of which are incorporated by reference as though fully set forth. The salt-bath method provides a similar, slightly more abrasion resistant blue-black or black zirconium oxide coating. This method requires the presence of an oxidation compound capable of oxidizing zirconium in a molten salt bath. The molten salts include chlorides, nitrates, cyanides, and the like. The oxidation compound, sodium carbonate, is present in small quantities, up to about 5 wt %. The addition of sodium carbonate lowers the melting point of the salt. As in air oxidation, the rate of oxidation is proportional to the temperature of the molten salt bath and the '824 patent prefers the range of 550°–800° C. (1022°–1470° F.). However, the lower oxygen levels in the bath produce thinner coatings than for furnace air oxidation at the same time and temperature. A salt bath treatment at 1290° F. for four hours produces an oxide coating thickness of roughly 7 microns.

Creation of a uniform oxide coating during the oxidation process, by the here claimed method, is dependent on both a surface with appropriate altered surface roughness and a microstructure with sufficient refinement. The oxide coating initiates and grows from surface asperities, so the oxide initiation sites may be spaced too far apart to produce a uniform coating thickness on a surface that is too smooth. The oxide layer grows by oxygen diffusion along grain boundaries and through microstructural grains. The oxidation rate can be different in grains of different structure and composition (such as between alpha and beta grains in a two-phase zirconium alloy). Thus, the oxide coating may not grow with a uniform thickness through a microstructure that is too coarse. Specific limits for the necessary minimum surface roughness and maximum microstructural refinement can be alloy and application dependent.

The uniformly thick zirconium oxide coating may range up to about 10 microns. It is preferred that a uniformly thick

blue-black zirconium oxide layer ranging in thickness from about 1 to about 8 microns should be formed. it is most preferred that the uniformly thick zirconium oxide layer range from about 3 microns to about 7 microns. For example, furnace air oxidation at 1100° F. for 3 hours will form a uniform oxide coating of a thickness of 4-5 microns on ZIRCADYNE 705 with a surface roughness (Ra) of about 4 microinches. Longer oxidation times and higher oxidation temperatures will increase this thickness, but may compromise coating integrity. For example, one hour at 1300° F. will form an oxide coating about 14 microns in thickness, while 21 hours at 1000° F. will form an oxide coating thickness of about 9 microns. Of course, because only a thin oxide is necessary on the surface, only very small dimensional changes, typically less than 10 microns over the thickness of the prosthesis, will result. In general, thinner coatings (1-8 microns) have better attachment strength.

Blue-black zirconium oxide coatings produced by any of the prior art methods are quite similar in hardness. For example, if the surface of a wrought ZIRCADYNE 705 (Zr, 2-3 wt % Nb) prosthesis substrate is oxidized, the hardness of the surface shows a dramatic increase over the 200 Knoop hardness of the original metal surface. The surface hardness of the blue-black zirconium oxide surface following oxidation by either the salt bath or air oxidation process is approximately 1200-1700 Knoop hardness.

These diffusion-bonded, low friction, highly wear resistant, uniformly thick zirconium oxide coatings can be applied to the surfaces of orthopedic implants subject to conditions of wear and to prosthetic implants and devices requiring a biocompatible surface. Such surfaces include the articulating surfaces of knee joints, elbows and hip joints. As mentioned before, in the case of hip joints, the femoral head and stem are typically fabricated of metal alloys while the acetabular cup may be fabricated from ceramics, metals or organic polymer-lined metals or ceramics.

When the zirconium oxide coatings are applied to surfaces subject to wear, it is desirable to obtain a smooth finished surface to minimize abrasive wear. After the oxidation process, the oxide coating surface can be polished by any of a variety of conventional finishing techniques. Sufficient oxide thickness must be produced to accommodate the chosen finishing technique. For example, a surface with a uniform oxide coating of about 5 microns thick that had a pre-oxidation surface roughness (Ra) of about 4 microinches can be burnished to a final surface roughness (Ra) of about 2 microinches with a loss of about 1 micron in oxide thickness.

Zirconium or zirconium alloy can also be used to provide a porous bead or wire mesh surface to which surrounding bone or other tissue may integrate to stabilize the prosthesis. These porous coatings can be treated simultaneously by the oxidation of the base prosthesis for the elimination or reduction of metal ion release. Furthermore, zirconium or zirconium alloy can also be used as a surface layer applied over conventional implant materials prior to inducing an altered surface roughness, in situ oxidation and formation of the uniform zirconium oxide coating.

The process of the present invention avoids the problems of formation of thick oxide coatings of low abrasion resistance and of significant dimensional changes of the process in U.S. Pat. No. 3,615,885. The present invention also produces an oxide film that is highly abrasion resistant, unlike that of the '885 patent.

The process of the present invention, by inducing an altered surface roughness on zirconium or a zirconium alloy, each having a refined microstructure, results in the forma-

tion of a blue-black zirconium dioxide coating of uniform thickness, the depth of which can be controlled by the proper choice of the oxidation conditions. The formation of a uniformly thick oxide coating provides an oxide coating of variable and controlled thickness with especially high abrasion resistance and reduced wear due to high integrity of the adhesion between the oxide layer and the underlying zirconium or zirconium alloy and the high integrity of the adhesion within the oxide layer. The term "high integrity" denotes an oxide coating that is uniform in thickness with no visible cracks or pores when viewed in cross-section by optical microscopy.

The invention provides a zirconium or zirconium-containing metal alloy prosthesis with a refined microstructure coated via in situ oxidation with a zirconium oxide of uniform thickness. The uniformly thick zirconium oxide coating provides the invention prosthesis with a thin, dense, low friction, high integrity, wear resistant, biocompatible surface ideally suited for use on articulating surfaces of joint prostheses wherein a surface or surfaces of the joint articulates, translates or rotates against mating joint surfaces. The uniformly thick zirconium oxide coating may therefore be usefully employed on the femoral heads or inside surfaces of acetabular cups of hip-joint implants or on the articulating surfaces of other types of prostheses, such as knee joints.

When a joint surface coated with a uniformly thick zirconium oxide is employed in a manner wherein it articulates or rotates against a non-metallic or non-zirconium oxide coated surface, the low friction characteristic and high integrity of the uniformly thick coating causes reduced friction, wear, and heat generation relative to prior art prostheses. This reduced heat generation results in a lowered tendency for the non-metallic or non-zirconium oxide coating bearing surface to experience creep and torque so that the useful life of the opposing surface is enhanced. Organic polymers, such as UHMWPE, exhibit rapidly increased rates of creep when subjected to heat with consequent deleterious effect on the life span of the liner. Wear debris of the polymer leads to adverse tissue response and loosening of the device. Thus, not only does the uniformly thick zirconium oxide coating serve to improve the protection of the prosthesis substrate to which it is applied due to its high integrity, it also, as a result of its low friction surface, protects those surfaces against which it is in operable contact and consequently enhances the performance and life of the prosthesis.

A uniformly thick zirconium oxide coated joint surface also enhances the useful life of the opposing surface when the opposing surface is body tissue. The surgical replacement of one component of the joint is termed "hemiarthroplasty" and because the repaired joint has only one artificial (prosthesis) component, the artificial component is often termed a "unipolar" prosthesis, or "endoprosthesis." The uniformly thick zirconium oxide coating is a low friction surface for articulation, translation and rotation against body tissue thereby having the same beneficial effect for a body tissue counterface as it does for an organic polymer counterface.

The usefulness of zirconium oxide coated prosthesis is not limited to load bearing prostheses, especially joints, where a high rate of wear may be encountered. Because the uniformly thick zirconium oxide coating is especially firmly bonded to the zirconium alloy prosthesis substrate, it provides an enhanced barrier between the body fluids and the zirconium alloy metal thereby preventing the corrosion of the alloy by the process of ionization and its associated metal ion release compared to non-uniform oxide coatings.

Additionally, the natural in situ formation of a uniformly thick zirconium oxide coating from the presence of zirconium in the substrate metal involves oxygen diffusion into the metal substrate below the oxide coating. Oxygen, an alloying constituent in zirconium, increases the strength of the metal substrate, particularly the fatigue strength. Furthermore, the high integrity of the uniformly thick coating reduces the number of fatigue crack initiation sites relative to a non-uniformly thick oxide coating that contains cracks or pores. Resistance to fatigue loading is paramount in many orthopedic implant applications such as the hip stem, and femoral and tibial knee components. Thus, not only does the formation of the uniformly thick zirconium oxide coating improve wear, friction, and corrosion resistance, it also improves the mechanical integrity of the implant device from a strength standpoint.

Although the invention has been described with reference to its preferred embodiments, those of ordinary skill in the art may, upon reading this disclosure, appreciate changes and modifications which may be made and which do not depart from the scope and spirit of the invention as described above or claimed hereafter.

What is claimed is:

1. A method of producing an oxide coating on zirconium or zirconium alloy, the zirconium or zirconium alloy having a refined microstructure of a grain size of less than ASTM micro-grain size number 10 and a surface roughness, the method comprising:

altering said surface roughness of said zirconium or zirconium alloy such that an oxidation process applied to said zirconium or zirconium alloy results in the formation of a uniformly thick oxide coating.

2. A method of producing an oxide coating of uniform thickness on zirconium or zirconium alloy, the zirconium or zirconium alloy each having a refined microstructure and a surface roughness, the method comprising:

altering said surface roughness such that an altered surface roughness (Ra) is in the range of about 3 microinches to about 25 microinches prior to subjecting said zirconium or zirconium alloy to an oxidation process.

3. The method of claims 1 or 2, wherein an altered surface roughness is induced on the zirconium or zirconium alloy surface by an abrasive surface preparation process comprising a grinding step.

4. The method of claims 1 or 2, wherein said altered surface roughness (Ra) is in the range of from about 3.5 microinches to about 7 microinches.

5. The method of claims 1 or 2, wherein said oxidation process utilizes air as an oxidant.

6. The method of claims 1 or 2, wherein the zirconium or zirconium alloy is produced by a process selected from a group consisting of hot forge conversion of ingot to barstock, closed die forging, rapid solidification and powder consolidation.

7. The method of claims 1 or 2, wherein said altered surface roughness (Ra) is in the range of from about 3.5 microinches to about 7 microinches and the zirconium alloy has a grain size of less than ASTM micro-grain size number 10.

8. The method of claims 1 or 2, wherein altered said surface roughness (Ra) is in the range of from about 3.5 microinches to about 7 microinches and the zirconium or zirconium alloy is produced by a process selected from the group consisting of hot forge conversion of ingot to barstock, closed die forging, rapid solidification and powder consolidation.

9. The method of claims 1 or 2, wherein the uniform oxide coating has a thickness up to about 10 microns.

10. A prosthesis for implantation in a patient, comprising:

(a) a prosthesis body formed of zirconium or zirconium alloy comprising an implant portion for inserting into the body tissue of the patient;

(b) a bearing surface comprising at least one condyle on the prosthesis body;

(c) a tibial component formed of an organic polymer or polymer-based composite and adapted to cooperate with the bearing surface; and

(d) a thin coating of blue-black or black zirconium oxide of uniform thickness prepared by the method of claims 1 or 2 directly on the bearing surface of the condyle portion for reducing wear of the organic polymer or polymer-based composite component.

11. The prosthesis of claim 10, wherein said thin blue-black or black zirconium oxide coating is up to about 10 microns thick.

12. The prosthesis of claim 11, wherein the implant portion of the prosthesis body further comprises an irregular surface structure adapted to accommodate tissue ingrowth on a portion of the prosthesis body.

13. The prosthesis of claim 12, wherein the irregular surface structure is formed of zirconium or zirconium alloy beads attached to the outer surface of the prosthesis body, wherein at least a portion of the surface of the beads is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

14. The prosthesis of claim 12, wherein the irregular surface structure is formed of zirconium or zirconium alloy wire mesh connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the mesh is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

15. A prosthesis for implantation in a patient, comprising:

(a) a hip prosthesis body for implantation into a femur comprising a head portion formed of zirconium or zirconium alloy;

(b) a bearing surface on the head portion of the prosthesis body;

(c) an acetabular cup having an inner surface formed of an organic polymer or a polymer-based composite, said inner surface being adapted to cooperate with the bearing surface on the head portion; and

(d) a thin coating of blue-black or black zirconium oxide of uniform thickness prepared by the method of claims 1 or 2 directly on the bearing surface of the head portion for reducing wear of the acetabular cup inner surface.

16. The prosthesis of claim 15, wherein said thin blue-black or black zirconium oxide coating of uniform thickness is up to about 10 microns thick.

17. The prosthesis of claim 15, wherein the prosthesis body further comprises an irregular surface structure adapted to accommodate tissue ingrowth on a portion of the prosthesis body.

18. The prosthesis of claim 17, wherein the irregular surface structure is formed of zirconium or zirconium alloy beads connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the beads is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

19. The prosthesis of claim 17, wherein the irregular surface structure is formed of zirconium or zirconium alloy wire mesh connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the mesh is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

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20. A prosthesis for implantation in a patient, comprising:

- (a) a prosthesis body formed of zirconium or zirconium alloy comprising an implant portion for insertion into the body tissue of the patient;
- (b) a bearing surface on the prosthesis body, the bearing surface being sized and shaped to engage or cooperate with a second bearing surface on another prosthesis portion, said second bearing surface being formed of an organic polymer or polymer-based composite; and
- (c) a coating, formed by the method of claims 1 or 2, of blue-black or black zirconium oxide of uniform thickness up to about 10 microns in thickness on the bearing surface of the prosthesis body for reducing wear on the organic polymer or polymer-based second bearing surface of said another prosthesis portion.

21. The prosthesis of claim 20, wherein the prosthesis body is a hip joint having a head portion as a bearing surface and wherein said another prosthesis portion is an acetabular cup, said head portion being adapted to cooperate with the inner surface of the acetabular cup, said inner surface comprising an organic polymer or polymer-based composite.

22. The prosthesis of claim 20, wherein the prosthesis body is a knee joint and the bearing surface of the prosthesis body comprises at least one condyle, and wherein said another prosthesis portion comprises a tibial component formed of an organic polymer or polymer-based composite, said at least one condyle being adapted to cooperate with the tibial component.

23. The prosthesis of claim 20, wherein the prosthesis body further comprises an irregular surface structure adapted to accommodate tissue ingrowth on a portion of the prosthesis body.

24. The prosthesis of claim 23, wherein the irregular surface structure is formed of zirconium or zirconium alloy beads connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the beads is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

25. The prosthesis of claim 23, wherein the irregular surface structure is formed of zirconium or zirconium alloy wire mesh connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the mesh is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

26. A prosthesis for implantation in a patient, comprising:

- (a) a prosthesis body formed of zirconium or zirconium alloy comprising an implant portion for inserting into the body tissue of the patient;
- (b) a bearing surface on the prosthesis body;
- (c) a counter-bearing surface formed of an organic polymer or polymer-based composite and adapted to cooperate with the bearing surface; and

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- (d) a thin coating of blue-black or black zirconium oxide of uniform thickness prepared by the method of claims 1 or 2 directly on the bearing surface for reducing wear of the organic polymer or polymer-based composite counter-bearing surface.

27. The prosthesis of claim 26, wherein said thin blue-black or black zirconium oxide coating of uniform thickness is up to about 10 microns thick by the method of claims 1 or 2.

28. The prosthesis of claim 27, wherein the implant portion of the prosthesis body further comprises an irregular surface structure adapted to accommodate tissue ingrowth on a portion of the prosthesis body.

29. The prosthesis of claim 28, wherein the irregular surface structure is formed of zirconium or zirconium alloy beads attached to the outer surface of the prosthesis body, wherein at least a portion of the surface of the beads is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

30. The prosthesis of claim 28, wherein the irregular surface structure is formed of zirconium or zirconium alloy wire mesh connected to the outer surface of the prosthesis body, wherein at least a portion of the surface of the mesh is oxidized to blue-black or black zirconium oxide of uniform thickness by the method of claims 1 or 2.

31. The prosthesis body of claims 10, 15, 20 or 26 wherein the zirconium or zirconium alloy is wrought barstock.

32. A prosthesis for implementation in a patient, comprising:

- (a) a prosthesis body having an external surface at least a portion of which is formed of zirconium or zirconium alloy, having a refined microstructure of a grain size of less than ASTM micro-grain size number 10 and an altered surface roughness (Ra) in the range of about 3 microinches to about 25 microinches; and

- (b) a zirconium oxide coating of uniform thickness formed on said portion of the external surface by inducing an altered surface roughness on at least said portion of the external surface and subjecting said portion of the external surface of said prosthesis body to an oxidation process.

33. The prosthesis of claim 32 wherein the prosthesis body is an endoprosthesis body suitable for use in a joint selected from a group consisting of knee joint, hip joint and shoulder joint.

34. The prosthesis of claims 33, wherein the zirconium or zirconium alloy is formed by a process selected from a group consisting of hot forge conversion of ingot to barstock, closed die forging, rapid solidification and powder consolidation.

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